

U.S. Department of Energy Energy Information Administration Form EIA-861 (2003)		ANNUAL ELECTRIC POWER INDUSTRY REPORT		Form Approved OMB No. Approval Expires	
REPORT FOR:					
REPORTING PERIOD: 2003					
SCHEDULE 2, PART A. GENERAL INFORMATION					
LINE NO.					
1	North American Electric Reliability Council. (check all the Regional Councils in which your organization conducts operations)	<input type="checkbox"/> ECAR <input type="checkbox"/> ERCOT <input type="checkbox"/> FRCC <input type="checkbox"/> MAAC	<input type="checkbox"/> MAIN <input type="checkbox"/> MAPP <input type="checkbox"/> NPCC	<input type="checkbox"/> SERC <input type="checkbox"/> SPP <input type="checkbox"/> WSCC	
2	(For EIA Use Only) Identify the North American Electric Reliability Council where you are physically located				
3	Enter Control Area Operators(s) Responsible for Your Oversight				
4	Did Your Company Operate Generating Plant(s)? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Identify the Activities Your Company Was Engaged in During the Year (check appropriate activities)	<input type="checkbox"/> Generation from company owned plant <input type="checkbox"/> Transmission <input type="checkbox"/> Buying transmission services on other Electrical systems <input type="checkbox"/> Distribution using owned/leased electrical Wires	<input type="checkbox"/> Buying distribution on other electrical Systems <input type="checkbox"/> Wholesale power marketing <input type="checkbox"/> Retail power marketing <input type="checkbox"/> Bundled Services (electricity plus other services)		
6	Highest Hourly Electrical Peak System Demand	Summer (Megawatts) Winter (Megawatts)			
7	Did Your Company Operate Alternative-Fueled Vehicles During the Year? Or Does Your Company Plan to Operate Such Vehicles During the Coming Year? If "Yes", Please Provide Additional Contact Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		Name:			
		Title:			
		Telephone:	Fax:	E-mail address:	

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SCHEDULE 2, PART B. ENERGY SOURCES AND DISPOSITION						
LINE NO.	SOURCE OF ENERGY		MEGAWATTHOURS	LINE NO.	DISPOSITION OF ENERGY	
1	Net Generation			11	Retail Sales to Ultimate Customers	
2	Purchases from Electricity Suppliers			12	Sales for Resale	
3	Exchanges Received (In)			13	Energy Furnished Without Charge	
4	Exchanges Delivered (Out)			14	Energy Consumed By Respondent Without Charge	
5	Exchanged (Net)		0	15	Energy Consumed by Facility (Independent Power Producer or Qualifying Facility)	
6	Wheeled Received (In)			16	Total Energy Losses	
7	Wheeled Delivered (Out)					
8	Wheeled (Net)		0			
9	Transmission by Others Losses (negative number)					
10	Total Sources (sum of lines 1, 2, 5, 8, and 9)			17	Total Disposition (Sum of lines 11, 12, 13, 14, 15, and 16)	
SCHEDULE 2, PART C. CUSTOMER SERVICE PROGRAMS						
NUMBER OF CUSTOMERS BY CUSTOMER CLASS						
STATE	TYPE OF CUSTOMER SERVICE PROGRAMS (a)	RESIDENTIAL (b)	COMMERCIAL (c)	INDUSTRIAL (d)	OTHER (e)	TOTAL (f)
	Green Pricing					
	Net Metering					
	Green Pricing					
	Net Metering					
SCHEDULE 3. ELECTRIC OPERATING REVENUE						
LINE NO.	TYPE OF OPERATING REVENUE	THOUSAND DOLLARS				
1	Electric Operating Revenue From Retail Sales to Ultimate Customers (Schedule 4 , Parts A and B)					
2	Revenue From Unbundled (Delivery) Customers (Schedule 4, Part C)					
3	Electric Operating Revenue from Sales for Resale					
4	Electric Credits/Other Adjustments					
5	Other Electric Operating Revenue					
6	Total Electric Operating Revenue (sum of lines 1, 2, 3, 4, and 5)					

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SCHEDULE 4, PART A. RETAIL SALES TO ULTIMATE CUSTOMERS, FULL SERVICE - ENERGY AND DELIVERY SERVICE (BUNDLED)							
STATE / TERRITORY		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	IRRIGATION (e)	TOTAL (f)
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							

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SCHEDULE 4, PART B. RETAIL SALES TO ULTIMATE CUSTOMERS. ENERGY - ONLY SERVICE (WITHOUT DELIVERY SERVICE)							
STATE		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	IRRIGATION (e)	TOTAL (f)
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							

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SCHEDULE 4, PART C. RETAIL SALES TO ULTIMATE CUSTOMERS. DELIVERY - ONLY SERVICE (AND ALL OTHER CHARGES)							
STATE		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	TRANSPORTATION (d)	IRRIGATION (e)	TOTAL (f)
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							
STATE							
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Megawatthours							
Number of Customers							
STATE							
Revenue (thousand dollars)							
Megawatthours							
Number of Customers							

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SCHEDULE 5. DEMAND-SIDE MANAGEMENT INFORMATION									
LINE NO.									
1	Do you have company administered Demand-Side Management Programs? (check Yes or No)				<input type="checkbox"/> Yes <input type="checkbox"/> No				
2	If your Demand-Side Management activities are reported on Schedule 5 of another company, identify the company.								
NOTE If you answered "No," to Line 1 or another Company Reports your Demand-Side Management Activities on their Schedule 5, do not complete the rest of this Schedule.									
PART A. ACTUAL EFFECTS									
		INCREMENTAL EFFECTS				ANNUAL EFFECTS			
ENERGY EFFICIENCY		RESIDENTIAL (a)	COMMERCIAL (b)	INDUSTRIAL (c)	OTHER (d)	RESIDENTIAL (e)	COMMERCIAL (f)	INDUSTRIAL (g)	OTHER (h)
3	Energy Effects (megawatthours)								
4	Actual Peak Reduction (megawatts)								
LOAD MANAGEMENT									
5	Energy Effects (megawatthours)								
6	Potential Peak Reduction (megawatts)								
7	Actual Peak Reduction (megawatts)								
PART B. ANNUAL COSTS (THOUSAND DOLLARS)									
8	Direct Costs - Energy Efficiency								
9	Direct Costs - Load Management								
10	Indirect Costs								
11	Total Cost (sum of lines 8, 9, and 10)								
PART C. SUPPLEMENTAL INFORMATION									
12	Have there been any major changes to your Demand-Side Management programs (e.g., terminated programs, new information or financing programs, or a shift to programs with dual load building objectives and energy efficiency objectives), program tracking procedures, program evaluations, or reporting methods that impact the demand-side management data reported on this schedule? (check Yes or No)							<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Does your company currently have a program to increase the amount of "price responsive" customer load, (i.e., load that responds dynamically to higher or lower prices for wholesale electricity)? (check Yes or No)							<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	If the answer to line 13 is "Yes", please disclose the number of participating customers by class.								
	Residential		Commercial		Industrial		Other		

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SCHEDULE 6. DISTRIBUTION SYSTEM INFORMATION						
If your company owns a distribution system, please identify the names of the counties (parish, etc.) by State in which the electric wire/equipment are located.						
LINE NO.	STATE (U.S. POSTAL ABBREVIATION) (a)	COUNTY (PARISH, ETC.) (b)	LINE NO.	STATE (U.S. POSTAL ABBREVIATION) (a)	COUNTY (PARISH, ETC.) (b)	
1			20			
2			21			
3			22			
4			23			
5			24			
6			25			
7			26			
8			27			
9			28			
10			29			
11			30			
12			31			
13			32			
14			33			
15			34			
16			35			
17			36			
18			37			
19			38			

REPORTING PERIOD: 2003

SCHEDULE 7. FOOTNOTES

[illegible]